

New Jersey Department of Health and Senior Services
Office of Emergency Medical Services
Mobility Assistance Vehicle and Ambulance Service PROVIDERS
Application for CHANGE of Trade Name, Address, Contact Person or Telephone Number
(With No Change of Ownership)

1. Trade Name of Service (old trade name)		3. Reason(s) for Application <input type="checkbox"/> Change Trade Name of Service <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Contact <input type="checkbox"/> Change Telephone	
2. New Trade Name of Service			
4. Physical Address of Main Office			
Street Address		Suite or Apartment No.	
City, State, Zip Code		County	
Nearest Cross Street			
5. Mailing Address (if Different from Main Office)			
Street Address / P.O. Box		Suite or Apartment No.	
City, State, Zip Code		County	
6. Name of Person for Day to Day Contacts with Office of EMS			
Name		Main Office Telephone Number	
Title		Cell Phone Number	
Email Address		Fax Number	
7. Corporate Name and Address (if Different than Trade Name)			
Corporate Name		Contact Person	
Street Address / P.O. Box		Telephone Number	
City, State, Zip Code			
8. Additional Vehicle Storage Address (if different from Main Office)		9. Additional Office Locations	
<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, give the address)		<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, give each additional address)	
Address		Address	
City, State, Zip Code		City, State, Zip Code	

CERTIFICATION - The applicant certifies:

1. that all data supplied in this application and any attachment is true and correct, to the best of his/her knowledge and belief and that willful misrepresentation of these facts may make the applicant subject to civil and/or criminal penalties;
2. that the application has been duly authorized by the full ownership and/or governing body of the applicant; and
3. that the service/facility has been/will be operated in accordance with applicable licensing requirements.

Name of Applicant (Print)		Title	
Signature		Date	

For a change of Trade Name ONLY: A NON-REFUNDABLE certified check or money order in the amount of \$250.00 must accompany this application. Make the certified check or money order payable to: "Treasurer State of New Jersey."
 (Government agencies do not pay fees.)

FOR STATE USE ONLY	Amount of Check	Check Number	Transmittal Number
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